## NOTIFICATION OF DEMOLITION AND RENOVATION

gvalan

Job# 25009 Notification # Operator Project # Postmark Date Received TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator): **OWNER NAME:** Long Island Railroad (4)146-01 Archer Avenue, F&A, 1st Floor, Mail Code 1428 Address: City: State: New York Jamaica Zip: 11435 Contact Name: William Keenan Telephone: 718-558-3650 REMOVAL CONTRACTOR: Pinnacle Environmental Corp. Address: 200 Broad Street City: Carlstadt State: NJ 07072 Zip: Contact Name: Joseph Patrick Telephone: 201-939-6565 OTHER CONTRACTOR: Address: City: State: Contact Name: Telephone: TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): IS ASBESTOS PRESENT? (YES NO) Yes FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number) **Building Name:** Port Washington Substation Address: South Bayles Avenue & Davis Avenue City: Port Washington State: New York County: Nassau Site Location: Throughout Building Size: 2,100SF # of Floors: 2 Age In Years: 75 years + Present Use: Substation Prior Use: Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy Approximate amount of asbestos, **RACM** Nonfriable Indicate Unit of Measurement including: to be Asbestos Material Below 1. Regulated ACM to be removed removed not to be removed 2. Category I ACM not removed 3. Category II ACM not removed CATI **CAT II** UNIT **Pipes** 11,818 LnFt Ln M: X Surface Area 1,296 SqFt: Sq M: X Vol. RACM off Facility Component CuFt: Cu M: Start: 08-17-16(1)Job on Hold(2)09-07-16 Scheduled Dates Asbestos Removal (mm/dd//yy) Complete: 08-17-17 (3)Job on Hold Schedules Dates Demo/Renovation (mm/dd/yy) Start: Complete:



DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

HEPA	Vacs, MicroTraps (Negative Air Pressu	re) and amended wat	ter will be utilized for emission	ons control.
WASTE TRANSI	PORTER #1			
Name:	Tri State Transfer, Inc.			
Address:	1199 Randall Avenue			
City:	Bronx		State: NY	Zip: 10474
Contact Name:	Jimmy Byrne			Telephone: 718-617-0771
WASTE TRANSI	PORTER #2			
Name:	ATC, Inc. / #3- PCC Construction & Contractors, Inc.			
Address:	2 Moriches Middle Island Road / #3- 200 Broad Street			
City:	Shirley /	#3- Carlstadt	State: NY / #3 - NJ	Zip: 11967 / #3 - 07072
Contact Name:	Kenny Smith / #3- Joseph Whelan			Telephone: 631-924-5050/#3 -201-939-6565
WASTE DISPOS	AL SITE (#1 or #2)			
Name:	Minerva Enterprises, Inc.			
	9000 Minerva Road			
City:	Waynesburg		State: OH	Zip: 44688
Telephone:	330-866-3435		Alack A	
IF DEMOLITION	ORDERED BY A GOVERNMENT AC	GENCY, PLEASE IDE	NTIFY THE AGENCY BELO	W:
Name:			Title:	
Authority:				
Date of Order (mm/dd/yy):			Date Ordered to Begin(mm/dd/yy):	
FOR EMERGEN	CY RENOVATIONS			and the second s
Date and Hour of	Emergency(mm/dd/yy):			
Description of the	Sudden, Unexpected Event:			
Explanation of ho	ow the event caused unsafe conditions	or would cause equip	ment damage or an unreason	able financial burden:
DESCRIPTION C	OF PROCEDURE TO BE FOLLOWED I	N THE EVENT THA	T UNEXPECTED ASBESTOS	IS FOUND OR PREVIOUSLY

NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

Date: 08-03-16(1)08-12-16(2)08-17-16(3)09-02-16(4)09-15-16

I certify that the above information is correct.

Signature of Owner/Operator

Date: 08-03-16(1)08-12-16(2)08-17-16(3)09-02-16(4)09-15-16